



REQUEST FOR ACCOMMODATIONS RECEIPT

Name of Student: _____ Student ID No. _____

Course: _____ Internet: Yes No Building: _____ Room: _____

Blended: Yes No

Name of Instructor: _____ Semester/Year: _____

Student is is not enrolled in this class. Date Submitted: _____

My signature confirms receipt of the accommodation(s) letter from the ADA/504 Office for the student named above, **and** I have discussed with this student the type of accommodations needed, either face to face (campus classes) or by email (internet classes). www.athens.edulcounseling/disabilityservices.php

Instructor's Signature

Student's Signature

Instructor's E-mail

Student's E-mail

Please return this receipt, signed by you and the student for a face-to-face class or with a copy of the email for an internet class, to the ADA/504 office, Counseling and Career Services, Room 230 student center within one week and keep the cover memorandum regarding the academic accommodations for your records. Thank you for your assistance!